



## **COMPOSITE HEALTH CARE SYSTEM**

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**“Data Quality for the Business of Health Care”**

**Charlene Colon, Clinical Systems Analyst  
Womack Army Medical Center, Fort Bragg, NC  
8 September 2005**



# Agenda

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- **Part 1 - Data Quality “Check Points”**
- **Part 2 - “Secrets Revealed”**
- **Part 3 - Ambulatory Data Module**

## **Course Notes:**



- **Hyperlinks can only be accessed from Slideshow Mode**
- **Imbedded Icons can only be accessed from Normal View**



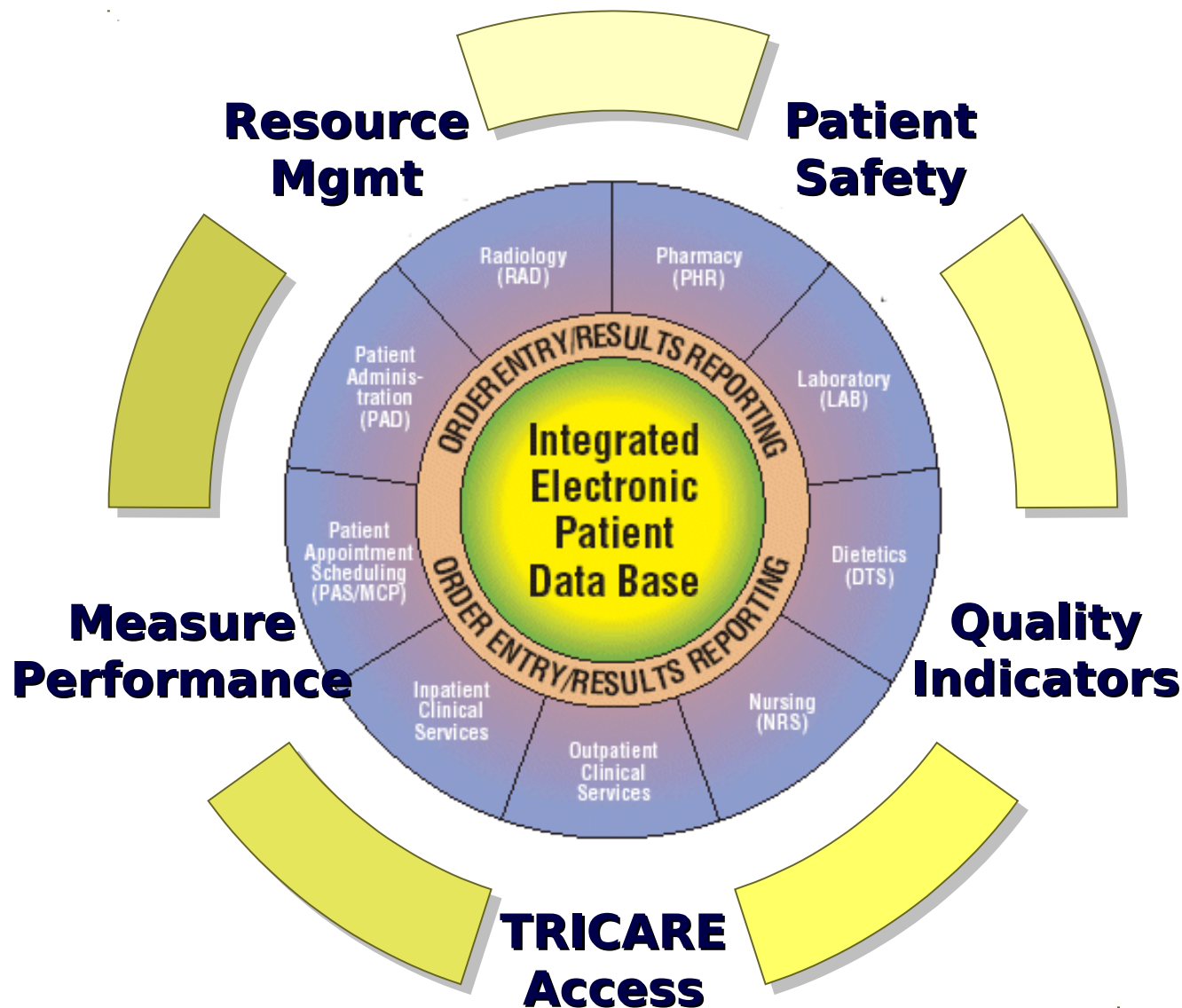
# Objectives

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- **“WHY” the focus on Data Quality?**
- **“WHAT” are the Downstream Impacts?**
- **“HOW” to Start?**
  - Data Quality Management Control Program
  - Understand Your Business Processes
  - Gather and Analyze data
  - Understand what CHCS does and can do for You!
  - Develop Goals and Benchmarks
  - Look Ahead to CHCS II
- **“WHERE” to find Resources & Information?**
- **Recognize that DQ is not a one time effort...**



# Data Capabilities





AD45

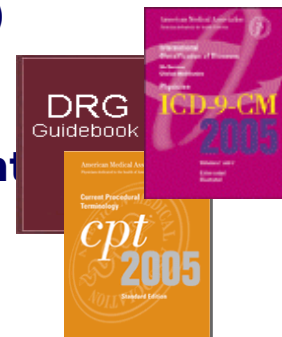
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	A	B	C	D	E	F	G	H	I	J	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	
June (April (FY2005) Data Sources) 2005 DQMC Commander's Statement TMA Summary																							
NOTE: Where answer is yes or no, Y=1, N=0; where element asks for rate, enter actual rate. Color Code: Green (95-100), Yellow (80-94), Red (79 and below)																							
					Percent Compliant				Percent Compliant				Percent Compliant										
	Apr-05	Apr-05	Apr-05	Apr-05	May-05	May-05	May-05	May-05	Jun-05	Jun-05	Jun-05	Jun-05											
	Army	Air Force	Navg	Svc Avg	Army	Air Force	Navg	Svc Avg	Army	Air Force	Navg	Svc Avg											
QUESTION KEY:																							
1. Adherence to requirements for <u>daily</u> end-of-day processing procedure by all clinics																							
a. Percentage of clinics in compliance												97%	93%	96%	95%	97%	93%	92%	94%	98%	94%	90%	94%
b. Percentage of appointments closed												100%	99%	99%	99%	100%	99%	98%	99%	100%	99%	98%	99%
2. IAV legal and medical coding practices have all the following occurred:																							
a. % of Outpt. Encounters (non-APY) coded within 3 business days of encounter												88%	94%	86%	89%	92%	94%	86%	91%	92%	94%	88%	91%
b. % of APYs coded within 15 days of encounter												92%	89%	83%	88%	93%	92%	88%	91%	95%	91%	92%	93%
c. % of Inpt records coded within 30 days after discharge												97%	97%	90%	95%	98%	97%	96%	97%	98%	96%	93%	96%
3. IAV with TMA policy, "Implementation of EAS/MEPRS Data Validation and Rec"																							
a. Monthly EAS/MEPRS financial reconciliation process was completed and validated												83%	83%	97%	88%	92%	88%	97%	92%	89%	88%	100%	92%
b. Monthly Inpt. and Outpt. EAS/MEPRS reconciliation processes completed/validated												97%	85%	100%	94%	100%	91%	100%	97%	100%	92%	100%	97%
c. Were the data load status, outlier/variance, VWR-EAS IV, & Alloc. Tabs in MEVACS reviewed and anomaly explanations given												97%	87%	100%	95%	100%	88%	97%	95%	100%	88%	100%	96%
4. Compliance with TMA or Service guidance for timely submission of data																							
a. MEPRS/EAS												78%	77%	97%	84%	89%	80%	97%	89%	83%	84%	87%	85%
b. SIDR/CHCS												100%	96%	96%	97%	100%	100%	100%	100%	100%	100%	100%	100%
c. VWR/CHCS												100%	97%	100%	99%	97%	93%	100%	97%	97%	97%	100%	98%
d. SADR/ADM												99%	98%	100%	99%	99%	98%	97%	98%	98%	98%	98%	98%
5. Outcome of monthly inpatient coding audit (DRG codes)												98%	80%	98%	92%	98%	84%	97%	93%	98%	78%	98%	91%
6. Outcome of monthly coding audits (# validated/# reviewed)																							
a. % of records available for audit (O.H.or C.O.)												99%	88%	95%	94%	99%	87%	95%	94%	98%	88%	96%	94%
b. % of E&M codes deemed correct												87%	86%	78%	84%	80%	85%	82%	82%	85%	87%	78%	83%
c. % of ICD9 codes deemed correct												85%	78%	79%	81%	84%	78%	78%	80%	83%	81%	78%	81%
d. % of CPT codes deemed correct												95%	89%	85%	90%	90%	91%	85%	89%	90%	92%	85%	89%
e. % of completed & current DD Form 2569s maintained in the record (Non-AD)												69%	66%	47%	61%	74%	65%	51%	63%	73%	68%	59%	67%
7. Outcome of monthly APY coding audits (# validated/# reviewed)																							
a. % of APY records available for audit (O.H.or C.O.)												100%	90%	97%	96%	100%	85%	99%	95%	100%	94%	100%	98%
b. % of E&M codes deemed correct (APY)												100%	95%	100%	98%	100%	94%	100%	98%	100%	100%	100%	100%
c. % of ICD9 codes deemed correct (APY)												93%	78%	91%	87%	90%	74%	90%	85%	90%	82%	90%	87%
d. % of CPT codes deemed correct (APY)												90%	63%	91%	81%	93%	68%	86%	82%	91%	74%	85%	83%
e. % of completed & current DD Form 2569s maintained in the APY record (Non-AD)												80%	62%	54%	65%	82%	64%	55%	67%	85%	56%	73%	71%
8. Comparison of reported workload data																							
a. # SADR/# VWR visits												104%	99%	103%	102%	104%	98%	101%	101%	103%	98%	102%	101%
b. # SIDR/# VWR dispositions												99%	97%	100%	99%	99%	98%	99%	99%	100%	97%	95%	97%
c. # EAS/# VWR visits												100%	96%	100%	99%	100%	96%	100%	99%	100%	97%	100%	99%
d. # EAS/# VWR dispositions												100%	89%	100%	96%	100%	95%	100%	98%	100%	99%	100%	100%
e. # IBVA SADR encounters (A**)/ # SUM VWR bed days												55%	60%	0%	38%	56%	68%	84%	69%	61%	64%	88%	71%
9. I am aware of data quality issues identified by the DQMC Review list and when needed, have taken action to improve the data from my facility.												100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%
TMA DQMC Summary / TMA DQMC Service Summary / TMA Charts /																							



# Since 1992...

- **CHCS has been the primary operational clinical system supporting DoD and US Coast Guard facilities world-wide:**
  - “One of the world’s first and largest hospital integrated enterprise Clinical Provider Order Entry (CPOE) systems in the world”<sup>1</sup>
  - 104+ CHCS Platforms world-wide supporting over 500 MTFs
- **Interfaces with more than 40 Clinical & Administrative systems:**
  - Beneficiary Eligibility - Defense Eligibility & Enrollment System (DEERS)
  - Resources - Expense Assignment System IV (EAS IV)
  - Billing - Third Party Outpatient Collections System (TPOCS)
  - Pharmacy - Pharmacy Data Transaction System (PDTs)
- **Standard tables for data consistency:**
  - ICD-9-CM (Inpatient/Outpatient Diagnosis and Inpatient Procedures)
  - CPT/HCPCS (Outpatient Procedures and Services)
  - Federal and DoD standard tables
  - Site defined tables for MTF operations

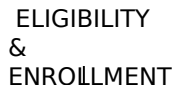




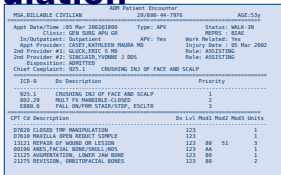
# **In 2004...**

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- **Captured important patient information by automating the documentation of patient data for 9 million beneficiaries\***
- **Documented over 50 million outpatient appointments\***
- **Performed 70 million prescription transactions yearly\***
- **Interfaced with the Pharmacy Data Transaction System (PDTs) that has prevented over 99,000 potentially life-threatening drug interactions\***
- **Capabilities will be further enhanced with CHCS II to provide improved coding and expanded documentation of medical care\***

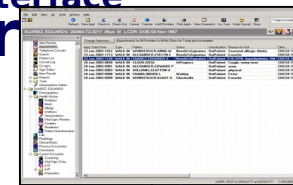
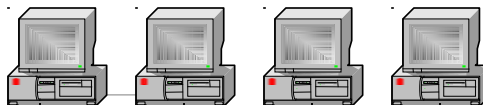


## VT 400 Terminal Emulation

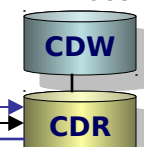


## CHCS II Graphic User Interface

# Application Architectur



WAREHOUSE

CLINICAL DATA  
REPOSITORY

## CHCS Patient

**Standard Files and Tables (DMIS, ICD-9, CPT/HCPCS, DRG, National Drug Codes, Zip Code, Site Defined Files and Tables (Locations, Providers, Users, Formulary, Tests/Procedures, ADM**

Application Business Rules	↑
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## Inpatient Admissions and Dispositions (PAD)

## Outpatient Appointment Scheduling Managed Care Program (PAS/MCP)

## Ambulatory Data Module (ADM)

## Clinical Order Entry and Results Reporting

## Laboratory (LAB)

## Radiology (RAD)

## Pharmacy (PHR)

## Consults

## Nursing Orders

## Medical Services Accounting (MSA)

## Workload Assignment Module (WAM)

## CHCS Generic Interface Specification (GIS) for (HL7) and Electronic Transfer Utility (ETU)

LAB INSTRUMENTS  
CO-PATH  
LAB-INTEROP  
DBSS  
HIV

DIN-PACS  
VOICE RAD

PDTS  
ATC  
BAKER CELL  
PYXIS  
VOICE REFILL

## HL7, M/OBJECTS, ESI-OBJECTS OR CUSTOM INTERFACES

CHCS II  
ICDB/HEALTHeFORCES  
EI/DS  
DoD/VA SHARING  
CODING/COMPLIANCE  
CIS  
CIW

- G-CPR
- TRANSPORTABLE CPR
- TRAC2ES
- CAC
- UCAPERS
- NMIS
- DRG ENCODER/GROUPER

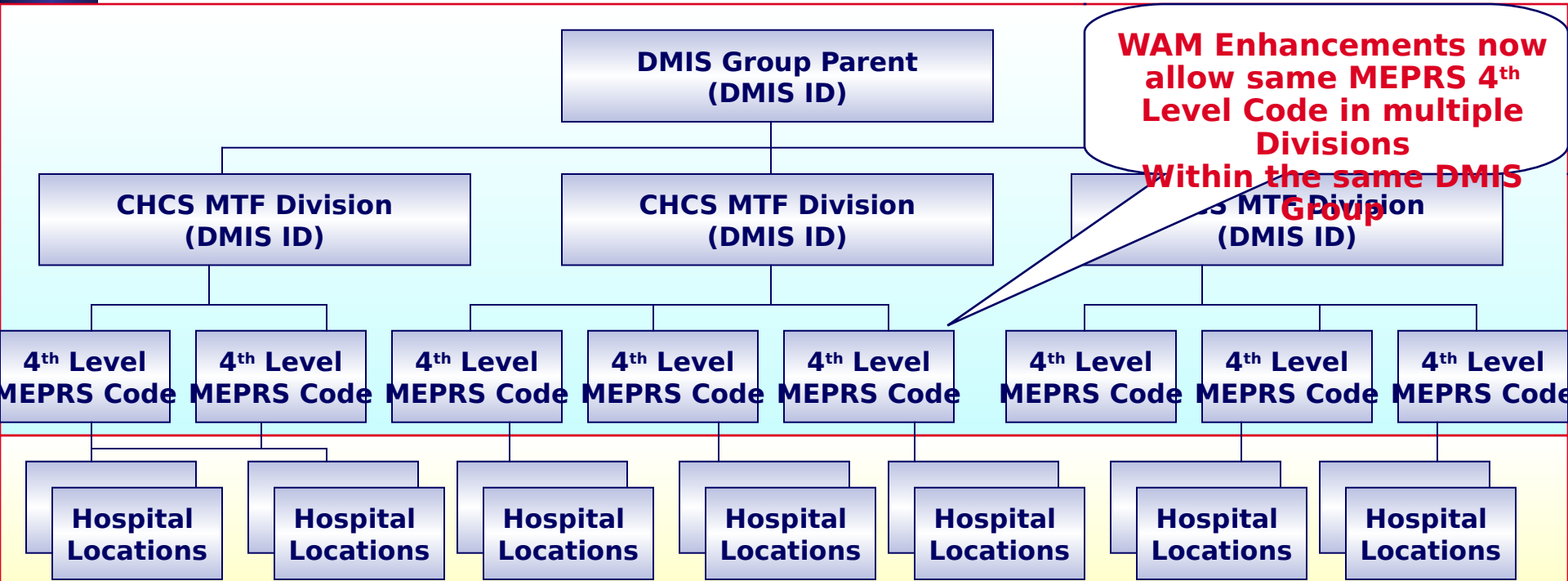
## FTP DATA TRANSFERS

PATIENT SURVEY  
SDR  
SADR  
WWR  
MEPRS-EAS  
TP8CS





# Building Blocks



- **Workload reported per 4<sup>th</sup> Level MEPRS Code - Rolled up via DMIS ID and Group DMIS ID**
  - 4<sup>th</sup> Level MEPRS Code also known as Functional Cost Code (FCC)
- **Hospital Locations also referred to as “Places of Care” support MTF Business Processes, such as:**
  - Managed Care (Primary Care Manager) Teams
  - Nurse T-CON Clinics
  - Wards, Clinics, Ambulatory Procedure Units, File Rooms, Remote Locations, etc



# Hospital Location

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- **Identifies the type of work performed:**
  - **WARD, CLINIC, IMAGING, LAB, PHARMACY, FILE AREA, ADMITTING AREA, AMB PROCEDURE UNIT, REMOTE**
- **Multiple Hospital Locations may be linked to the same MEPRS Code (FCC)**
- **Must be linked to a MEPRS Code (FCC) to support workload reporting**
- **MEPRS Code links to a Treating DMIS ID to support workload reporting**
- **Treating DMIS ID linked to a DMIS Parent ID to support workload roll-up**



# Hospital Location

## CHCS Menu Path

-----  
DAA     Data Administration Menu  
CFT     Common Files and Tables Management Menu  
CFM     Common Files and Tables Maintenance Menu  
HOS     Hospital Location File Enter/Edit

HOSPITAL LOCATION: DQ FAMILY PRACTICE

DOD HOSP LOCATION EDIT

NAME: DQ FAMILY PRACTICE  
ABBREV: DQFP  
DESCRIPTION: DQ FAMILY PRACTICE  
LOCATION TYPE: CLINIC  
SERVICE: FAMILY PRACTICE  
DIVISION: DIV A - TRAINING HOSPITAL  
FACILITY: WALTER REED AMC WASHINGTON DC  
MEPRS CODE: BGAI/0037  
COST POOL CODE:

PROMPT FOR REQUESTING SERVICE: YES  
ENROLLEE LOCKOUT: YES  
TYPE OF CARE: BOTH SPECIALTY AND PRIMARY CARE

Select CLINIC SPECIALTY:  
FAMILY PRACTICE/PRIMARY CARE

Select KEY PERSON:

Select DUPLICATE CHECKING ORDER TYPE:

INACTIVE FLAG:



# Provider Profile

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- Establishes Provider Privileges for Ancillary Order Entry and Admission Processing
- Includes the Provider “Default” Assigned Location
- Provider Medical Specialty/HIPAA Taxonomy
  - MTF Providers require a Provider Medical Specialty <=905 to support Prospective Payment System (PPS) RVU and Billing
  - TRICARE Network Providers identified with >910 to support Health Care Finder Functions
  - Establishes CHAMPUS Maximum Allowable Charge (CMAC) Provider Class for TPOCS and MSA Billing
  - External Civilian Providers require either a Null Provider Medical Specialty or 000, to support TPOCS and MSA Billing
  - Quick Fix released in Change Package 255 to address SADR design issue resulting in “Null” Provider Medical Specialty and provide an update utility to maintain the Provider Taxonomy



**View Informational “Provider Specialty Utility”**



# Provider Profile

## CHCS Menu Path

-----  
DAA     Data Administration Menu  
CFT     Common Files and Tables Management Menu  
CFM     Common Files and Tables Maintenance Menu  
PRO     Provider File Enter/Edit

PROVIDER: QUIRT,RICHARD

DA PROVIDER EDIT

          Name: QUIRT,RICHARD  
          Provider Flag: PROVIDER  
          Provider ID: QURITR  
          Provider Class: PHYSICIAN  
          SSN: 123-45-9999

Select PROVIDER SPECIALTY:

      FAMILY PRACTICE PHYSICIAN (001)  
      FAMILY PRACTICE/PRIMARY CARE (923)

Primary Provider Taxonomy: 207Q00000X

      CMAC Provider Class: 01 - MEDICAL DOCTOR/DOCTOR OSTEOPATHY

Select PROVIDER TAXONOMY:

      207Q00000X

          Location: DQ FAMILY PRACTICE  
          HCP SIDR-ID: 001289  
          Branch of Service: MARINE CORPS  
          Rank: CAPTAIN

PROVIDER: QUIRT,RICHARD

DA PROVIDER EDIT (CONTINUED)

      Active CHCS II Account: YES

Select ASSOCIATED CLINIC:

      DQ FAMILY PRACTICE  
      MEDICAL EXAMINATION CLINIC



# Provider Specialty Utility

## CHCS Menu Path

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### PAD System Menu (DG USER)

#### Data Quality Reports Menu (DOD DQ REPORTS MENU)

DQL     DQ Hospital Location Report  
DQS     Pharmacy Site DQ Report  
DQP     DQ Provider Default Report  
->>DQR     Re-Order Provider Specialty Utility

## Select Data Quality Reports Menu Option:

### DQM Re-Order Provider Specialties Utility

This utility will ensure that the first Provider Specialty in the PROVIDER SPECIALTY multiple field is mapped to a taxonomy code. If not, the utility will find the first Provider Specialty entry in the multiple that is mapped to a taxonomy code and switch the two entries. Providers that do not have any specialties that map to a taxonomy code will be placed on the spooled exception report.

### DQM Re-Order Provider Specialties Utility History

Spool File Name	User Name	Num Providers	
		Convert	Except
DQM_PROV_SPEC_CONV_RPT 22Jan2005-0343	HOPKINS,LINDA M	714	561
DQM_PROV_SPEC_CONV_RPT 09Feb2005-2111	HOPKINS,LINDA M	5	560

**Need more information about a CHCS Report? Enter ??? (3 Question Marks) to display an explanation of the report.**



# Clinic Profile

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- **Identifies Providers that can have appointments schedules in the clinic**
- **Establishes Workload Type for the Clinic as Count or Non-Count, based on Workload Reporting Rules**
- **Links to the Appointment Types available in the Clinic and whether they are Count or Non-Count, based on Workload Reporting Rules**
- **Non-Count Clinics cannot have Count Visits:**
  - Immunizations (FBI\*)
  - Non-Count Nurse T-CON Clinic
  - CHCS II Test Clinic (BTST) or other as designated by your MTF
- **CHCS II supports Workload Type indicators set by CHCS Clinic Profile, Appointment Type and Provider Profile**



# Clinic Profile #1

## CHCS Menu Path

-----  
CA      Core Application Drivers Menu  
PAS      PAS System Menu  
         Scheduling Supervisor Menu  
PROF    Profiles Menu  
CPRO    Clinic Profile Edit

## CLINIC PROFILE

Hospital Location: DQ FAMILY PRACTICE

-----  
         Name: DQ FAMILY PRACTICE  
         Abbreviation: DQFP  
         Facility: WALTER REED AMC WASHINGTON DC  
         Division: DIV A - TRAINING HOSPITAL  
         Building Name:  
         Building Number:  
         Street Address:  
         ZIP:  
         City:  
         State:  
         Clinic Location:  
Clinic Availability:  
         Telephone:  
Enrollee Lockout: YES  
         Type of Care: BOTH SPECIALTY AND PRIMARY CARE  
         Service: FAMILY PRACTICE  
         Department: MEDICAL CARE DEPARTMENT  
         MEPRS Code: BGAI





# Clinic Profile #2

## CLINIC PROFILE

HOSPITAL LOCATION: DQ FAMILY PRACTICE

Wait List Activated:	Maximum Wait List Days:	day(s)
Wait List Provider Mandatory:	Wait List Hold Duration:	day(s)
Auto Wait List Processing:	Schedule Hold Duration:	1 day(s)
Prompt for Requesting Service: YES	Patient Record Pull:	1 day(s)
Clinic Type: ??	Radiology Record Pull:	day(s )

ANSWER 'COUNT' IF CLINIC WORKLOAD SHOULD BE COUNTED IN WORKLOAD REPORTING OR  
'NON-COUNT' IF CLINIC WORKLOAD SHOULD NOT BE COUNTED IN WORKLOAD REPORTING

This field offers authorized site personnel to identify those  
clinic hospital locations are "count" or "non count" workload  
clinics.

(M)ore help, (L)ist of values, or (Q)uit? L  
Keyboard Help = PF1,HELP

## CLINIC PROFILE

HOSPITAL LOCATION: DQ FAMILY PRACTICE

Select DETAIL CODES:

WEA	WEB AND MCP BOOKABLE
BPAP	ACTIVE DUTY AND PRIME ENROLLEES



# Clinic Profile #3

## CLINIC PROFILE

### CLINIC PROFILE

HOSPITAL LOCATION: DQ FAMILY PRACTICE

APPOINTMENT TYPE: WELL

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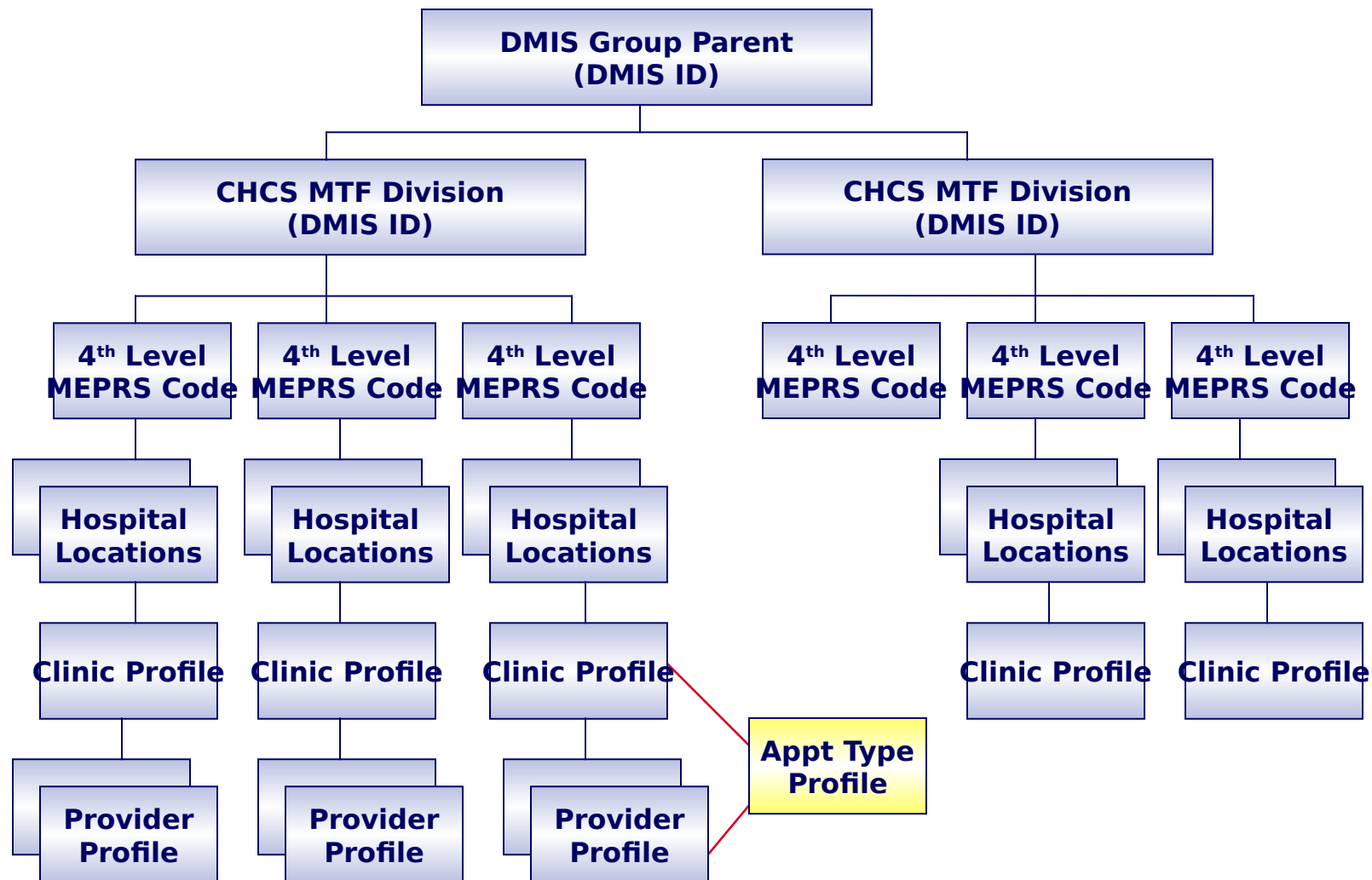
Duration: 30	Status: ACTIVE
Workload Type: COUNT	Referral Required:
Pull Patient Record: NO	Pull Radiology Record: NO
Produce Encounter Forms: NO	Send Reminder Notice: NO
Total # of Overbooks:	Max # of Overbooks Per Slot:
Instructions:	
Select BOOKING AUTHORITY:	

Select APPT CHANGE AUTHORITY:

Select OVERBOOK AUTHORITY:



# Linking It All Together





# **Workload Assignment**

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- **Visit Workload Capture Elements:**
  - **DMIS Parent**
  - **Treating DMIS ID**
  - **Hospital Location (Linked to MEPRS Code)**
  - **4<sup>th</sup> Level MEPRS Code (FCC)**
  - **Clinic Type (Count/Non-Count)**
  - **Appointment Types (Linked to Clinic & Provider)**
  - **Workload Type (Count/Non-Count)**
  - **Provider (Profiled for Clinic)**
  - **Patient Category (Rolls up to Beneficiary Category)**
  - **Patient Status (Inpatient/Outpatient)**
  - **Appt Status (KEPT, S-CALL, WALK-IN or T-CON)**



# Visit Criteria???

- **MEPRS Workload Reporting guidelines establish the definition for:**
  - "Count" Visits
  - "Non-Count" Visits
  
- **A "COUNT" VISIT requires 3 Key Elements to = Workload:**
  1. Interaction between patient and healthcare provider
  2. Independent judgment/assessment of patients condition, to accomplish one or more of the following:
    - Examination
    - Diagnosis
    - Counseling
    - Treatment
  3. Documentation

**Focus Shifting from Counting "Visits" to Measuring Work/Services Provided**



# Visits - How Many?

UIC: W2L6AA CLARK HEALTH CLINIC  
DMIS ID: 7294

15 Feb 2005 0826  
Page: 20

## DATA SET WORKLOAD REPORT Month: Jan Year: 2005

(Last Data Gen 02/02/05@1631)

DATA SET	Perform FCC/DMIS	Request FCC	DMIS ID	CPT CODE Lab & Rad	*CAT 1	*CAT 2	*CAT 3	*CAT 4	*CAT 5	*CAT 9	Raw Amt Sys-Gen	Wgt Amt Sys-Gen	Raw Amt Edit	Wgt Amt Edit
					OUTPATIENT VISITS									
					OUT									
		BAAI/7294			2	20	72	109	0	0	203	0.00	0	0.00
		BDAI/7294			2	315	0	4	1	0	322	0.00	0	0.00
		BEDI/7294			276	2	0	0	0	0	278	0.00	0	0.00
		BFEI/7294			89	35	0	1	0	0	125	0.00	0	0.00
		BFE0/7294			40	23	0	4	0	0	67	0.00	0	0.00
		BFFI/7294			285	0	0	0	0	0	285	0.00	0	0.00
		BGAI/7294			2919	3184	480	907	34	0	7524	0.00	0	0.00
		BHCI/7294			412	40	6	9	1	0	468	0.00	0	0.00
		BHDI/7294			123	29	6	9	1	0	168	0.00	0	0.00
		BJAI/7294			38	0	1	0	0	0	39	0.00	0	0.00
Totals:					4186	3648	565	1043	37	0	9479	0.00	0	0.00

\*CAT is Beneficiary Category: 1=ACTIVE DUTY, 2=FAM MBR OF ACTIVE DUTY, 3=RETIRED, 4=FAM MBR OF RETIRED, 5=OTHER, 9=NOT REPORTED.

- WAM Workload reports Count Visits by Group DMIS, Treating DMIS, 4<sup>th</sup> level MEPRS (FCC) and Beneficiary Category
- Only “Count” KEPT, WALK-IN and T-CON Visits are included:
  - “PENDING” Appointments not included in reported workload
- Statistical “Snapshot”



# Visit Quiz!

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- **Provider Interpreting EKGs in a “B” MEPRS Clinic?**
  - ☒ A. Count
  - ☐ B. Non-Count
- **Advice Nurse T-CON?**
  - ☒ A. Count
  - ☐ B. Non-Count
- **Advice Nurse T-CON that results in the patient being seen by a Provider (Same Day):**
  - ☒ A. Count
  - ☐ B. Non-Count
- **Each Visit that is part of a complete or flight physical examination, performed in a separately organized clinic or specialty service?**
  - ☒ A. Count
  - ☐ B. Non-Count
- **Ward Visits by a Provider from the Attending Service**
  - ☒ A. Count
  - ☐ B. Non-Count



# Time to Break...

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# **“Secrets Revealed”**

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**and YOU**

**Data**

Teaming up for  
**Quality**





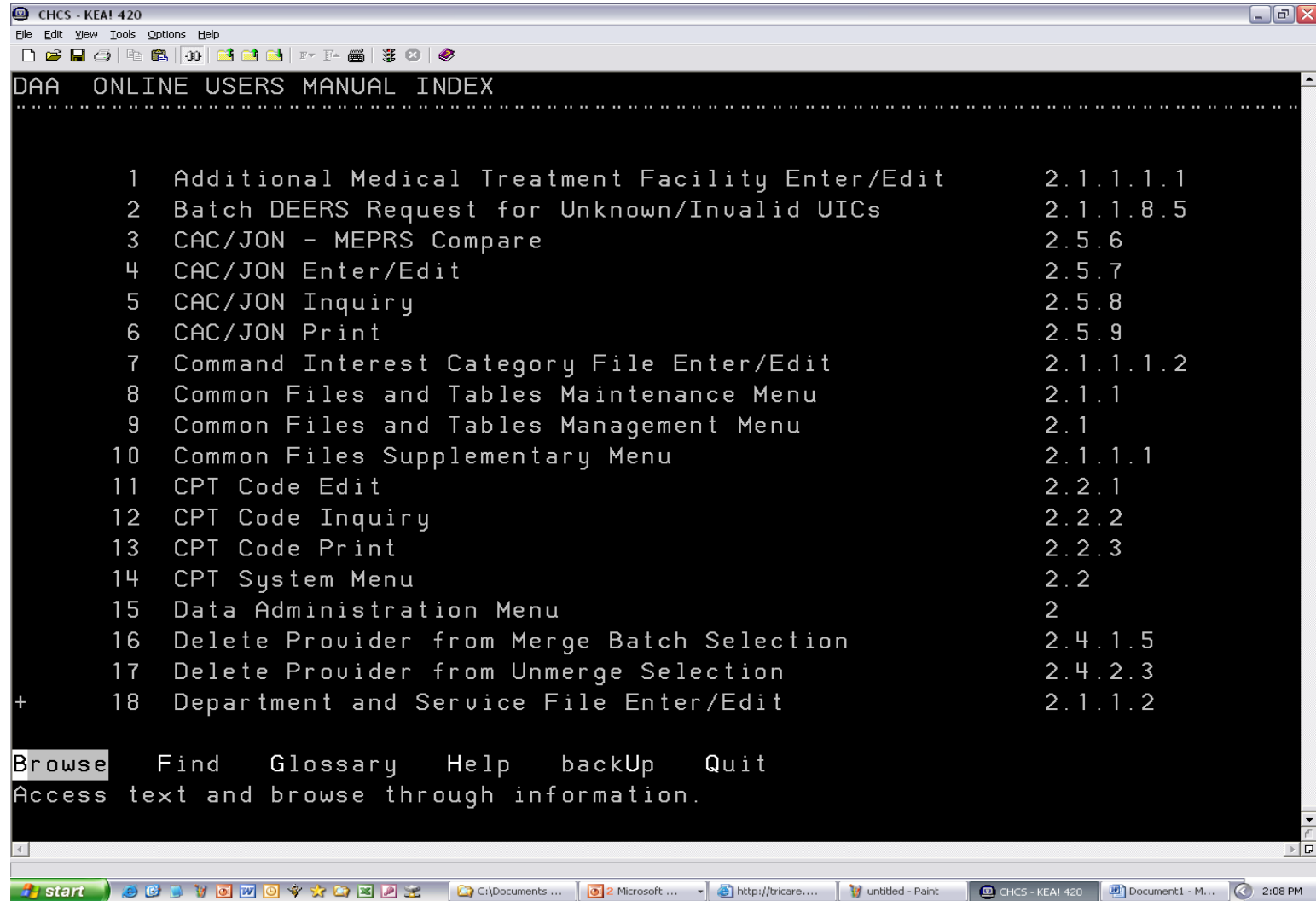
# **Best Kept Secret! - OLUM**

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- **CHCS II On-Line Users Manual (OLUM)**
- **Electronic documentation and index of CHCS Functions and Reports**
- **Accessible by ALL CHCS Users:**
  - **Type OLUM (from anywhere)**
  - **Select IND to access the OLUM Index**
  - **Select CHCS Sub-System (Scroll Down for Data Admin and Ad-Hoc Users Guides)**
  - **Browse or Find topic of interest such as “Hospital Location”**



# E-Help in CHCS





# Patient Registration

- Establishes required fields to uniquely identify patient in the CHCS database and DEERS
- Performs checks to prevent creation of duplicate patients
- Requires the Fileman "&" (Ampersand) key to create new entries - Limit users given this Key
- Performs DEERS query to obtain Enterprise Person ID (EDI-PN), Eligibility Status and "Lock Down" key person identifiers
- Allows Pseudo-SSNs (800-YY-MDDD)
- Allows users with Full or Mini-Registration Access to update:
  - Drug Allergy Information
  - Address and Contact Information
  - Outpatient Medical Records Location
  - Patient Category - to identify beneficiary relationship to the Military Health System (MHS)
  - Station/Unit ID - best obtained by entering Sponsors Unit Zip Code



**Tools you can use:**

<http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp>



# Mini-Registration

Patient: HEATLHE,PATIENT  
FMP/SSN: 30/800-27-0816

DOB: 03Jan26

Mini Registration  
PATCAT: A43 Sex: F

-----  
Patient: HEALTHE,PATIENT DOB: 03 Jan 1926  
PATCAT: A43 (USA FAM MBR RET) \*FMP: 30  
\*Home Phone: 9104881212 W: \*SSN: 800-26-0103  
\*Patient Addr: 229 VIVIAN DR. Sex: FEMALE  
\*City: FAYETTEVILLE \*St/Cntry: NC \*Zip: 28311-1433  
Sponsor: HEALTHE,SPONSOR Service: ARMY  
FMP: 20 Sex: MALE Sponsor SSN: 800-27-0816  
PATCAT: A31 (USA RET LOS OFFICER) DOB: 16 Aug 1927  
Command Sec: Rank: COLONEL  
Local UIC:  
Duty Address:  
City: St/Cntry: Zip:  
Duty Phone: 486 1212CELL DSN:  
\*O/P Rec Loc: CLARK HC RECORDS

- Patient Demographic items in **red (\*)** can be updated by MTF Staff that have Mini-Reg Access
- Patient Category cannot be updated in Mini-Reg for current Inpatient, Corrections Management must be used



# Downstream Impacts

---

- **Patient Contact/Address Information Update**
  - Inability to notify patients of results or appointment changes
  - Incorrect Address Information for Billing (TPOCS and MSA)
  - CHCS II does not currently update CHCS Registration
  - CHCS is designed to update DEERS Address Information but is not a 100% solution (See Back-Up Informational “**DEERS Updates**”)
- **Assignment of Patient Category:**
  - Incorrect Biostatistical reporting in SIDR/SADR
  - Incorrect workload reported in the WWR and WAM/EAS
  - Patients could be billed in error (Officer vs Enlisted, Reservists)
  - Patient Category is a “key” data element for Civilian and Agency Billing, and the capture of OHI
- **Random use of Pseudo-SSNs:**
  - Prevents DEERS Eligibility Query
  - Often results in Duplicate Patients
  - May prevent correlation of clinical data in CHCS II or result in accidental correlation in CHCS II



# CHCS/DEERS Update/Sync

CHCS/DEERS DISCREPANCY DISPLAY

Name: RESERVE, RECALLED DUTY FMP/SSN: 20/800-61-1107  
Patient Category: USA ACTIVE DUTY SEX/DOB/AGE: F/11Jul1961/43Y

-----

DEERS		CHCS
Name	First: RECALLED	RESERVE, RECALLED DUTY
	Middle: DUTY	
	Last: RESERVE	
	Cadency:	
	SSN: 800611107	800611107
	DOB: 11 Jul 1961	11 Jul 1961
*	Sex: MALE	FEMALE
	Mailing Address: 707 DATA QUALITY DR	707 DQ DR
	City: HOPE MILLS	HOPE MILLS
	State/Country: NC	NC
	Zip: 283485673	28348-5673
	Home Phone: 9109071212	9109071212
+	Sponsor Rank: PETTY OFFICER FIRST CLASS	PETTY OFFICER FIRST CLASS
-----		Use
SELECT key to select the item(s) to update		

Reservists Recalled to Active Duty >30 Days should be entered as Active Duty.

**DG REG SYNC Security Key required to process CHCS/DEERS Updates**

CHCS User is Prompted to Confirm Update:

Do you want to change Patient ADDRESS

From: 707 DQ DR, HOPE MILLS, NC 28348-5673

To: 707 DATA QUALITY DR, HOPE MILLS, NC 283485673?



# **DEERS Address Updates**

---

- **Do not use % \* ~ ? [ ] { } in the address field**
- **Enter complete Phone Number including Area Code**
- **Rules for CHCS/DEERS Address Updates:**
  - **Upon registering of a new patient, the system requests eligibility data from DEERS.**
  - **Address information obtained from DEERS is downloaded into the CHCS patient record.**
  - **A date/time stamp is associated with the address update.**
  - **If the info is received from DEERS, a Patient Identifier (EDI-PN) is downloaded and becomes part of the CHCS patient file.**
  - **When the address is updated on CHCS, a message is generated for the patient and sent to DEERS, but ONLY if there is a Patient Identifier (EDI-PN) in the patient record without it, DEERS can't make a match.**
  - **When DEERS receives update message, it compares the address update date/time to whatever date/time they have on record. If the message from CHCS isn't "fresher" than the data on file, it is dropped.**
  - **After the initial registration, CHCS does not update address data from DEERS unless the user specifically uses the "Demographics" action on the DEERS Eligibility Request option, and chooses to update the data.**





# Duplicate Patients

- Contains logic to prevent creating new duplicate patients
- Some duplicates can not be avoided:
  - Typographical errors
  - Transcription Errors (Can't read Handwritten Registration Form)
  - Name & Sponsor Changes
  - Pseudo-SSNs
  - Mail-In Labs (Creates Pseudo Patient Name)
  - Lack of Dual Eligibility Patient Indicator
- Potential Duplicate Patient Search identifies potential duplicates for DQMC Review List Item C.2.
- Dedicated POC needed to investigate duplicates and perform merges
- User Registration Report identifies users requiring additional training to support DQMC Review List C.2. Items a) to d)



**See Back-Up Informational - "Duplicate Patient Management"**



# Duplicate Patient Mgmt Menu

EPD	Exclude Potential Duplicate Patients [DG DUP EXCLUDE]
IDP	Identify Duplicate Patients [DG DUPLICATE PATIENT] Locked: DG ID DUP RECORDS
IDS	Individual Duplicate Patient Search [DG DUP IND PAT SEARCH]
MPD	Merge/Transfer Patient Data [DG DPT MERGE] Locked: DG MERGE PATIENT
OPS	Obsolete Patient Search and Delete [DG DUP OBSOLETE] Locked: DG DUP OBSOLETE
PDS	Potential Duplicate Patient Search [DG DUP ALL PAT SEARCH] Locked: DG DUP ALL PAT SEARCH
STA	Run Time Statistical Report [DG DUP STAT REPORT]
UDP	Un-Identify Duplicate Patients [DG UN-DUPLICATE PATIENT] Locked: DG ID DUP RECORDS
EIR	Identified and Excluded Dup Patient Reports [DG DUP IDP-EPD REPORTS] Locked: DG DUP USER REPORT
RUR	Registering User Report [DG DUP USER REPORT] Locked: DG DUP USER REPORT



# Duplicate Patient Search

ALL POTENTIAL DUPLICATE PATIENTS SEARCH						
CHCS MTF			14Feb2005@1015			
Matching Criteria Level: STANDARD			Total Number of Patients: 675254			
-----						
Date/Time	Type	Criteria	Sort	#Found/#Searched	Status	
27Jan2005@1454	All	(U) Standard	FMP/SSN	* Updated *	DONE	
25Jan2005@1109	All	Standard	FMP/SSN	421/673769	DONE	
20Jan2005@1323	All	Standard	FMP/SSN		CANCELLED	
03Jan2005@1116	All	Standard	FMP/SSN	439/671425	DONE	
29Dec2004@1042	Reg	Standard	FMP/SSN	14/3622	DONE	
30Nov2004@1336	Reg			6/3743	DONE	
29Nov2004@0917	Reg			23/3963	DONE	
+ 18Nov2004@1459	All				CANCELLED	
[Previous Search						
All	Registration	All		OLUM	Quit	
Search for All potential duplicates						

Total Number Duplicates For January DQ Review, Includes ALL Duplicates, Not just

**Total Number  
Duplicates  
For January DQ  
Review,  
Includes ALL  
Duplicates, Not Just  
those for the  
Reporting Month**

- Options to search All Potential Duplicates or for New Registrations for a given date range
- Registration Report includes User Names creating Duplicates



# Registering User Report

## REGISTERING USER REPORT SELECTED USERS

```
=====
Run Time:  25 Jan 2005@1109      Type:  All      Criteria:  STANDARD
Search Range:  NONE              Total Found/Total Searched:  421/673769
=====
User Name                               Number Of Potential
                                      Duplicate Registrations
-----
TRAINING,USER A                         16
TRAINNG,USER B                          2
TRAINING,USER C                         1
```

**Number Duplicates  
Created in January**

- Coordination with Users creating duplicated as outlined in the DQMC Review List
- Consider removing “&” (Ampersand) until process problems resolved or update training completed



# Downstream Impacts

---

- **Potential Risk to Patient Safety!**
  - CHCS cannot perform Drug-Allergy checks across duplicate records
  - PDTS may miss critical Drug-Drug checks
  - Clinical data not visible to Providers
- **Critical to address for CHCS II Implementation**
  - Weekly CHCS Ad-Hoc report generated to support merge in the CHCS II CDR. Updates posted on <https://fieldservices.saic.com>
- **Limit the CHCS Fileman “&” key to selected staff to reduce creation of new duplicates**
- **Train Patient Look-Up Processes:**
  - Verify against Military ID Card/CAC Card
  - First Initial of Last Name + Last 4 Sponsor SSN -> C1234
  - Partial Name -> COLON,C
  - Full SSN -> 123-44-1234
  - Hyphenated Last Names



# **Reconciling Clinic Visits**

---

- **“Every Clinic - Every Day”**
- **Transition to Individual Check-In - In advance of CHCS II**
- **Process Cancellations and No-Shows**
  - **As they occur**
    - **Lag in processing Patient Cancellations prevents appointment from being re-used**
- **Duplicate Same Day Visits**
- **Nurse/Tech Visits on the Same Day/Same Clinic**



# Inpatient Visits

## WALK-IN SEARCH CRITERIA

Patient: HEALTHE,YOU  
Clinic: QQQCHCSIITESTBRAGG CLINIC/WAMC  
Clinic Phone:  
Provider: QQQCHCSIITEST,BRAGGDOCA  
Detail Codes:  
Time Range: 0950 to 0950  
Dates: 14 Feb 2005 to 14 Feb 2005

FMP/SSN: 30/800-11-2255  
ATC Category:  
Appt Type: ACUTE APPT  
Duration:  
Srv Type:  
Days of Week:

-----  
-----  
**This is an inpatient.**  
**Are you from the attending service? No//**

- If the user accepts the default No//, a "B" Level FCC is assigned to the Visit. The Visit is a Count and reported in the WWR and Total Visits Data Set.
- If the user enters "Y" (Yes), the current Admitting Clinical Service "A" Level FCC is assigned to the Visit . The Visit is a Non-Count and only reported in the CHCS PAS/MCP Monthly Statistical Report and upon coding completion included in the SADR.
- **CHCS II supports Inpatient Visit processing, but User Training is needed!!!**
- IBWA RNDs\* are automatically assigned an "A" Level FCC of the "Current" Inpatient Clinical Service



# Duplicate Visits

WOMACK AMC FT BRAGG NC		WORLDWIDE WORKLOAD REPORT - SECTION I.A.2		06 Oct 2003 1559		Page 1
DMIS ID: 0089 (Single Facility)		Personal Data - Privacy Act of 1974 (PL 93-579)				
		Reporting Period: Sep 2003				
		Calculated: 03 Oct 2003 1545				
TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS						
*** AUDIT ***						
TYPE OF REPORT (CHECK BOX): <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Final <input type="checkbox"/> Corrected				Item 00 = Basic Item 01 = Live Birth		
Item	MEPRS Code*	Clinic Service		Inpatient Visits	Outpatient Visits	Ambulatory** Proc Visits
-----						
OB/GYN CARE						
BCBA GYNECOLOGY CLINIC						
				-	[619]	-
A11 USA ACTIVE DUTY						
				-	[115]	-
REG#	1259908	17Sep03 1303		-	1	-
REG#	1259957	22Sep03 0827		-	1	-
20/800-35-0230	09Sep03 1500	09Sep03 1539		-	2	-
20/800-02-3272	23Sep03 0941	23Sep03 1400	29Sep03 0806	-	3	-
30/800-21-5039	04Sep03 1300	04Sep03 1530	08Sep03 1026	17Sep03 1421	4	-
30/800-79-6529	22Sep03 0800	22Sep03 1430			2	-
*** End of Report ***						

- WWR Audit Report can be used to detect potential “Duplicate Visits” within the same 4th Level MEPRS - But not very efficient
- REG# is displayed if there was an Admission within the reporting month that may have been from the same Attending Clinical Service, reported to the “B” MEPRS Code in error
- CHCS PAS End of Day Report can also be used
- See Back Up Informational “**Same Day/Same Clinic**” Ad Hoc Report

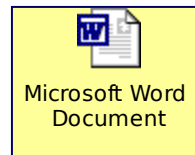




# Same Day/Same Clinic Visits

---

- **Ad-Hoc report to identify Same Day/Same Clinic Appointments**
- **Generates an ASCII File for import into EXCEL**
- **See your CHCS Administrator, to import Text File into CHCS and create CHCS Menu Option**
- **Convert to Text File before Import**
- **Set any CHCS Internal Entry Numbers (IENs) for Hospital Locations to be excluded**



Thank you to our WAMC DBA John Rehder for his DQ support 41



# Other Health Insurance

---

- **CHCS is the source system for the capture of Other Health Insurance (OHI):**
  - Primary, Secondary and Tertiary Health Coverage
  - New and Updated OHI sent to TPOCS daily
  - OHI cannot be entered for Active Duty and Civilian Patient Categories
- **DQMC Metric for the DD2569 in the Medical Record does not address:**
  - Reduced reliance on Medical Records with CHCS II
  - Timely transfer of DD2569's to the UBO - Daily!
  - Entry/Update of OHI in CHCS within 3 calendar days required for Outpatient Itemized Billing processing - to prevent manual billing



# Downstream Impacts

---

- **Delays in DAILY transfer of DD2569s to the UBO result in:**
  - Lost opportunities for cost recovery
  - Manual identification of unbilled prior covered services
  - Inability to support electronic billing
- **Transition to DEERS OHI Portability:**
  - **Will require both YES and NO responses are transferred to the UBO - Daily**
  - New DEERS SIT/OHI changes in Acceptance Testing
  - Transition projected for late Summer 2005
- **Synchronization of Coding/Billing processes:**
  - 3 Business Days for Coding Completion (Excludes Holidays)
  - 3 Calendar Days for the Billing Hold Period

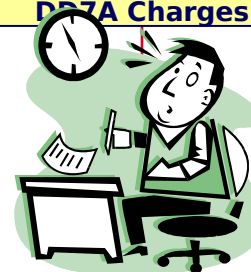


## MSA/TPOCS Billing

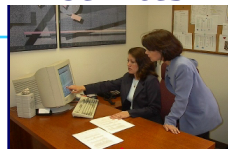


## MANUAL RE-WORK

**If OHI is for DD7A  
Billable  
Beneficiary,  
Exclude prior  
DD7A Charges**



## Enter/Update OHI in CHCS

[illegible]

## Encounters Completed AFTER 3 Business Days Will Still Be Automatically Sent to Billing



# **Inpatient Administration**

---

- **CHCS is the source system for Inpatient Admissions, Transfers and Disposition processing:**
  - Assigns Occupied Bed Days (OBDs) at the Census Hour, to the current Clinical Service
  - Current Clinical Service used as the Requesting Location for Inpatient Ancillary Services
  - Current Attending Provider used to create Industry Based Workload Assignment (IBWA) encounters
  - Provides ability to enter Clinical Service Changes during the Admission
- **Correction Management allows corrections to:**
  - Clinical Service, OBDs and Disposition Date/Time
  - Patient Category
  - Recalculates MSA billed charges
- **Inpatient Coding:**
  - ICD-9 Codes for Diagnosis and Procedures
  - Diagnosis Related Grouping (DRG Encoder/Grouper)
  - Assigned DRG represents only the Institutional Services



# Corrections Management

Patient: HEALTHERPATIENT

VIEW ADT

FMP/SSN: 30/800-26-0103

DOB: 03Jan26

PATCAT: A43

Sex: F

-----								TYPE
DATE	TIME	RMEPRS	MEPRS	WARD	RM-BD	DAYS		
ADM 14Nov04	0118			AAAA	4SMED		1	Reg# 1273692 (T) ERA
DSP 14Nov04	1500							Disp type: HOME
								Bed days=1
								Sick days=1
ADM 11Feb05	0110			AAAA	4SMED		0	Reg# 1276653 ERA
WRD 11Feb05	1833	AAAA	AAHA	ICU2W			3	Interward transfer

- **Corrections Management only supports Inpatient Admissions:**
  - Patient Admission correctly reflects Emergency Room Admission
  - Patient correctly admitted to AAAA and transferred to the ICU (AAHA)
  - AAAA is the Referring MEPRS (R-MEPRS) for OBDS
  - SIDR and WWR will contain OBDs for AAHA (ICU) however, WAM will include these OBDs within the R-MEPRS
  - Correction Mgmt could be used to change the Patient Category and recalculate Inpatient MSA Charges (Requires "Super" Security Key)
  - OBD corrections would impact both the SIDR, WWR and WAM
  - Does not support correcting Inpatient Ancillary Order Requesting Locations



# SIDR Data

---

- **The Standard Inpatient Data Record (SIDR) is an ASCII file transmission of patient level Inpatient data, generated by CHCS on monthly basis:**
  - Army MTFs create in interim monthly SIDR limited to completed Records - “D” SIDR
- **Key SIDR data elements include:**
  - Treatment MTF
  - Admission/Disposition Dates
  - Source of Admission/Type of Disposition
  - ICD-9-CM Diagnosis & Procedure Codes
  - Assigned DRG and Weight
  - Patient Demographics (including Enrollment)
  - Age at Admission
  - Occupied Bed Days per Clinical Specialty (MEPRS Codes)
  - Intensive Care Unit (ICU) Days
  - MEPRS Code of the Referring Clinical Specialty for ICU Care

**See Back-Up Informational “**

 **SIDR Record Status”**



# **SIDR Record Status**

---

- **SIDR triggering events are recorded in CHCS PAD as part of normal MTF operations**
- **A SIDR Record Status tracks for each stage:**
  - **“F” Record - When Patient is Admitted**
  - **“F1, F2... When a patient remains Admitted over more than one month end**
  - **“E” Record - When Patient is Dispositioned**
  - **“D” Record - When DRG is Assigned (Coding Complete)**
  - **“D1, D2... When a completed SIDR is updated**
  - **“C” Record...When an Admission is Cancelled**
- **At each month end, records for ALL SIDR Statuses are included in the SIDR ASCII File to provide a Year-to-Date status of all inpatient Admissions and Dispositions, and OBDs**





# DQ Statement 8.b)

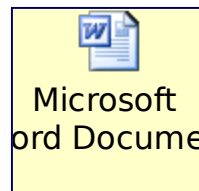
---

## ■ # SIDR Dispositions / # WWR Dispositions:

- WWR includes all Admissions, OBDs and Dispositions entered into CHCS for the reporting month, as of when the WWR is generated
- SIDR “D” records created when DRG is assigned and record Approved for transmission in the next SIDR batch



## “How To” Process Steps:





# Provider Default Location

Scheduled Appointments for TEST,ANOTHER

Press <Return> to choose **pre-selected appointment** or use the **SELECT** key to de-select appointment or select an alternate appointment.

Linking of orders provides workload credit to the clinic associated with the appointment.

Date/Time	Clinic/Div	HCP	MEPRS/DMIS Type	Status
-----------	------------	-----	-----------------	--------

* 06Aug@0807	SOCIAL/WAM	Provider, First	BFE2/0089 T-CON	TEL-CON
30Jul@1130	RTCON/RHC	Provider.First	BGAR/7143 T-CON	OCC-SVC

\*\* Note look here and hit the End key if this is not the [YOUR LOCATION]  
**This is where the providers are picking the wrong Default.** CHCS will Ask you if you want to make the new clinic your Default if this is Chosen

Search Help exit

Leave pick list and return to order entry session.

Answer **NO** if this is not the YOUR CLINIC, If **YES** is selected then all orders will be defaulted to that Clinic/MEPRS. Answering **NO** will take you to your previous Default//.

See also Back-Up Informational - "Weekly Ancillary Orders Audit" - Best Practice



# Weekly Ancillary Order Audit

## E-Mail notice to "Key Stakeholders" in each Area:

9-14 February 2005 - No orders were written using BFE2 (Social Work Care Manager).

The following lab orders were written using BTST (CHCS II Test Code).

Order #	User/Provider
050211-05446, 05450, 05451, 05452, 05453	Lewis/CIVP (Jackie: Were these test orders?)

The following lab orders were written using "D" codes:

Order #	FCC	User/Provider	Should Be
050209-02134	DBAA	Amador/Murray	BGAN
050209-08053	DBAA	Amador/Murray	BGAI
050209-02539, 02630, 04568	DFAA	Lomis/Lomis	BGAN
050209-05542	DFAA	Fulk/Lomis	BGAN
050209-05567	DFAA	Lomis/Lomis	BGAR
050209-06371	DFAA	Fulk/Lomis	BGAR
050209-04466	DFAA	Lomis/Lomis	BBAC
050209-07047	DFAA	Fulk/Lomis	BBAC
050209-06743	DFAA	Lomis/Lomis	last clinic visit Apr 03 (Gyn) 050209-08554
	DFAA	Perry/Lomis	last clinic visit Apr 03 (Gyn)
050209-07172, 07188, 07202, 07245,	DBAA	Null/Civ Prov	ok..test workload

No rad orders was written using "D" codes.

### CHCS Menu Path:

Physician Menu (OR-MD-MAIN)

RCR - Review Clinical Results and Orders Menu (OR-REV-CLIN-RESULTS-MD)

RVO - Review Orders

Enter MEPRS Code to query CHCS for BFE\* and BTST Orders

"Bad MEPRS" Ad-Hoc needed to query for Ancillary Orders assigned to "D" MEPRS

Thank you to WAMC MEPRS Mgr Ann Butts for this "Best Practice"



# DQ Process Areas

## **Enrollment, Demographics & Other Health Insurance (CHCS/DEERS)**

1. Patient Registration
2. Duplicate Patients
3. NED Error Processing
4. CHCS/DEERS Sync
5. Eligibility Verification

## **Clinical (CHCS/ADM & CHCS II)**

7. Provider Medical Specialty
8. Individual Check-In/End of Day Processing
9. Correct assignment of Inpatient Attending Provider and Service
10. Coding Accuracy and Timely Completion
11. Ancillary Order

## **Cost/Performance & Billing (CHCS/ADM/EAS/M2)**

12. Ancillary File Maintenance
13. Common File Synchronization Across Systems (Personnel and Clinical)
14. Synchronization of Workload Reporting (SIDR/SADR, WWR, WAM/EAS)\*\*
15. Accurate data to study Access to Case, Quality Improvements, Business Case and Market Share Analysis

6 \* New DQ Metric FY 04 \*\* WAM Enhancements February 2004 addressed these DQ Issues



# Drivers for Data Quality



**Be Prepared for the  
“Duration”...**

**Data Quality is not at One-  
Time Effort...**

**The drivers for “Quality Data” are only going to increase with advances in technology, increasing needs to measure access, quality, performance, costs, implement regulatory standards for health care data and use the data to improve the health of the patients we serve.**



# Data Rules!

- **SIDR:** Current Year-to-Date reporting of Inpatient Admissions data
- **SADR:** Current Year-to-Date Reporting of Outpatient Encounter\* data when Coding is complete. One E&M & 1st four CPT/HCPCS Codes. Does not include CPT/HCPCS Modifiers
- **WWR:** Monthly statistical workload “Snapshot”. Count Visits\*, Admissions, Dispositions and Occupied Bed Days (OBDs by Patient Category and 4th Level MEPRS - FCC)
- **MSR:** CHCS Monthly Statistical Report. Count & Non-Count Visits by Clinic, Provider and Standard Appt Type. Helpful to validate Time Reporting.
- **WAM:** Monthly official reporting of workload (Inpatient, Outpatient & Ancillary for Expense Assignment (EAS). Count Visits, Raw Ancillary and OBDs. “Snapshot” Statistics
- **TPOCS:** Completed Outpatient Encounters for “B” and “C” FCCs. Includes ALL CPT/HCPCS Codes and Modifiers for Patients with valid Outpatient billable Other Health

\*A Visit is always an Encounter - but - an Encounter does not always meet the definition of a Visit



# **DQ - Where to Start ??**

---

- 1. Training - Attend CHCS Training offered at your MTF**
  - If none are offered, explore options - Training needs will not go away
- 2. Training - Patient Registration and Patient Look-Ups**
- 3. Training - Definition of a Visit (Count/Non-Count)**
  - Non-Count Visits are OK!!
- 4. Training - Appropriate Use of T-CONS**
  - T-CONS are not an alternate for E-Mail!!
- 5. Training - When a Nurse/Tech Visit is appropriate**
  - Entering Nurse/Tech Procedures within the Same Day Provider encounter WILL increase Provider RVU
- 6. Establish a CHCS/CHCS II Users Forum (Steering Committee)**
  - You WILL need this to support CHCS/CHCS II
- 7. Inter-Department Coordination of Inpatient Status Changes**
  - Valuable Coder Time will be spent in “clean-up” if not addressed to support IBWA
- 8. Address process, staff coding training and other potential root causes (See Back-Up Informational - “**



# DQ - Getting There...

---

- Use the DQMC Program as a tool to increase awareness, track issues and implement solutions and processes to improve DQ
- Identify MTF Level Stakeholders and “DQ Coaches”
- Understand your MTF business processes
- Identify data sources to conduct analysis
- Conduct process assessments to identify problem areas and root causes - try “Trading Spaces”
- Train and re-train staff - Both Business Process and Systems
- Establish performance metrics and measure the results
- Support behavior changes - Create incentives for Teamwork!!!
- Share successes and accomplishments
- Provide Feedback to all levels of the organization
- Know where to go for help - Don’t be afraid to ask for help!



See Back-Up Slides for “**Information Sources on the Web**”





# Tri-Service Web Sites

WEB SITE	LINK
CHCS/CHCS II Training Courses & Downloads	<a href="http://www.distributivelearning.net">http://www.distributivelearning.net</a>
CHCS Data Management* <ul style="list-style-type: none"> <li>User Guides, User Update Guides</li> </ul>	<a href="http://www.chcs-dm.com/DM4CHCS/default.html">http://www.chcs-dm.com/DM4CHCS/default.html</a>
TMA Data Quality Management Control Program	<a href="http://tricare.osd.mil/rm/fa_dq.cfm">http://tricare.osd.mil/rm/fa_dq.cfm</a>
Post Deployment Health Toolbox <ul style="list-style-type: none"> <li>Algorithms &amp; Coding Guides</li> </ul>	<a href="http://www.pdhealth.mil/guidelines/toolbox.asp">http://www.pdhealth.mil/guidelines/toolbox.asp</a>
TRICARE Operations Center <ul style="list-style-type: none"> <li>Access to Care</li> <li>Template Analysis Tool (TAT)</li> </ul>	<a href="http://www.tricare.osd.mil/tools/">http://www.tricare.osd.mil/tools/</a>
MEPRS Early Warning and Control System (MEWACS)	<a href="http://www.tricare.osd.mil/ebc/rm_home/meprs/mewacsxls.cfm">http://www.tricare.osd.mil/ebc/rm_home/meprs/mewacsxls.cfm</a>
Uniform Biostatistical Utility <ul style="list-style-type: none"> <li>Coding Guidelines and Updates</li> </ul>	<a href="http://www.tricare.osd.mil/org/pae/ubu/default.htm">http://www.tricare.osd.mil/org/pae/ubu/default.htm</a>

\* See your CHCS Administrator for Access



# Service Web Sites

WEB SITE	LINK
<b>Army Knowledge On-Line*:</b> <ul style="list-style-type: none"><li>▪ CHCS II Updates</li><li>▪ CHCS II Template Team</li></ul>	<b>Log On to AKO &amp; Follow Link:</b> <a href="https://www.us.army.mil/suite/page/406">https://www.us.army.mil/suite/page/406</a> <b>Also Links to AF CHCS II Site</b> <a href="https://ke2.army.mil/otsg/main.php?cid=57">https://ke2.army.mil/otsg/main.php?cid=57</a>
<b>OTSG Decision Support*:</b> <ul style="list-style-type: none"><li>▪ Portal to All AMEDD Metrics/Data</li></ul>	
<b>Army PASBA (.mil Access Only)</b> <ul style="list-style-type: none"><li>▪ DQ Metrics &amp; Coding Support</li></ul>	<a href="http://www.pasba.amedd.army.mil/">http://www.pasba.amedd.army.mil/</a>
<b>Army MEPRS Program Office</b> <ul style="list-style-type: none"><li>▪ All things MEPRS</li></ul>	<a href="http://ampo.amedd.army.mil/">http://ampo.amedd.army.mil/</a>
<b>NMC Portsmouth</b> <ul style="list-style-type: none"><li>▪ CHCS “Nuggets” &amp; SOPs</li></ul>	<a href="http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp">http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp</a>
<b>Air Force P2R2</b> <ul style="list-style-type: none"><li>▪ MTF Performance Analyzer</li></ul>	<a href="https://p2r2.hq.af.mil/">https://p2r2.hq.af.mil/</a>

\* Password Required



# Best of the Web

WEB SITE	LINK
<b>American Academy of Family ▪ Practice Management Measures</b>	<a href="http://www.aafp.org/x5981.xml">http://www.aafp.org/x5981.xml</a>
<b>TRICARE Access Imperatives ▪ Kaiser Clinic Template Model</b>	<a href="http://www.tricare.osd.mil/tai/Clinic_Templating.htm">http://www.tricare.osd.mil/tai/Clinic_Templating.htm</a>
<b>Medical Group Mgmt Benchmarks ▪ Staffing Models ▪ Relative Value Units</b>	<a href="http://www.managedcaredigest.com/edigests/mg2000/mg2000c01.html">http://www.managedcaredigest.com/edigests/mg2000/mg2000c01.html</a>
<b>E&amp;M Coding Benchmark Analyzer* ▪ CMS Benchmarks by Specialty ▪ Analyze your E&amp;M Distribution * Requests Zip Code to Access</b>	<a href="http://www.physicianspractice.com/tools/em_calc.html">http://www.physicianspractice.com/tools/em_calc.html</a>



# Questions??

